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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mexico

Proposed UNFPA assistance:	$12 million, $5 million from regular resources and $7 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.2	6.5	8.7
Population and development strategies	2.3	0.5	2.8
Programme coordination and assistance	0.5	-	0.5
Total	5.0	7.0	12.0

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MEXICO

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	75	≥60
Contraceptive prevalence rate (%)[2/]	67	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	0.23	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	69.5	≤65
Infant mortality rate (per 1,000 live births)[5/]	31	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	48	≤100
Adult female literacy rate (%)[7/]	87	≥50
Secondary net enrolment ratio (%)[8/]	94	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	100,368	Annual population growth rate (%)	1.42
Population in year 2015 (000)	119,175	Total fertility rate (/woman)	2.49
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	70.4
Ages 0-14	33.1	Females	76.4
Youth (15-24)	20.2	Both sexes	73.0
Ages 60+	6.9	GNP per capita (U.S. dollars, 1998)	3840

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme covering the period 2001-2006 to assist the Government of Mexico in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $12 million, of which $5 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $7 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fourth programme of assistance to Mexico, a "Category B" country under the UNFPA resource allocation criteria.

2. The proposed programme was jointly formulated by UNFPA and the Government of Mexico, through the Ministry of Foreign Affairs and the National Population Council (CONAPO), in consultation with other governmental and non-governmental organizations, donors and United Nations agencies. It is consistent with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), and with the key actions for its further implementation (ICPD+5). It takes into account the results of the midterm review and lessons learned from the previous country programme and the latest Country Population Assessment (CPA). It is consistent with the Common Country Assessment (CCA) currently under way and would harmonize programme cycles with the other agencies of the United Nations Development Group (UNDG). A United Nations Development Assistance Framework (UNDAF) for Mexico has not yet been developed.

3. The proposed programme is based on government policies and priorities as expressed in the national development plan for 2001-2006, which is in line with the precepts of the country's population policy enacted in 1974. The goal of the proposed programme is to contribute to improving the welfare of the people of Mexico and to reducing poverty through achieving a balance between population and resources and through increased use of reproductive health services, building national capacity to integrate population issues into national and sectoral development planning, and promoting actions that favour the full exercise of sexual and reproductive rights, equal participation of men and women in decision-making processes, and equal access to development opportunities. The proposed programme would support implementation of Mexico's national population policy, which strives to consolidate the process of demographic transition while facing emerging challenges resulting from changes in the population age structure and the increasing importance of international migration.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

5. Mexico is in an advanced stage of demographic transition. The total population is estimated at about 101 million people, with 2.13 million births and 430,000 deaths per year. This would place the natural growth rate at about 1.68 per cent, although the population growth rate drops to 1.38 per cent when the country's negative international migration balance (slightly over 300,000 people a year) is considered. The median age of the population is 27 years, and the number of children under six has been decreasing since 1990. The number of people between the ages of 6 and 14 has been decreasing since 1999. Life expectancy at birth is around 75 years. According to the 2000 population census, about 65 per cent of the population is urban, with the metropolitan area of Mexico City accounting for some 18 million people. By contrast, 24 per cent of the population lives in rural localities of fewer than 2,500 inhabitants, and many of these localities are disperse and isolated. About 12.7 million of Mexico's people are indigenous, and 68 per cent of the municipalities characterized as having "high" and "very high" marginalization levels are indigenous municipalities (with at least 40 per cent of inhabitants speaking indigenous languages).

6. Internal migratory flows have diversified over the last two decades, and the rate of growth has fallen in large metropolitan areas. Demographic and economic concentration (as measured by the generation of gross domestic product) has not changed significantly, however, placing additional pressure on natural resources and urban infrastructure. While migratory flows to the United States have intensified, the places of origin have diversified, as has the occupational profile of the people involved in migration. Increasingly, migrants come from urban areas and have a growing tendency to stay for longer periods or to establish residency in the United States.

7. The estimated total fertility rate was 2.34 children per woman in 2001. Contraceptive prevalence is slightly over 71 per cent for married women. But despite important advances, unmet needs for family planning are still significant: 12.1 per cent for the nation as a whole, 22.2 per cent for people in rural areas and 8.9 per cent in urban areas. In the case of indigenous women in the State of Chiapas, unmet demand is as high as 46.6 per cent. Maternal mortality in 1999 was 51 per 100,000 live births. Toxaemia, obstetric haemorrhages, puerperal sepsis and abortion complications account for 68 per cent of these deaths. In 1997, 83.5 per cent of pregnant women received prenatal care by a doctor, and qualified health personnel assisted in 83.2 per cent of deliveries. These figures vary widely according to social condition and place of residence. Qualified personnel assisted in only 44.7 per cent of childbirths among indigenous women, and great differences have been observed among different states as well, ranging from 98.3 per cent in Nuevo León to 63.9 per cent in Guerrero. Although Mexico is classified as a "Category B" country, some of its states and social and ethnic groups more closely resemble the most disadvantaged countries in "Category A".

8. By September 2001, there were 50,713 reported cases of HIV infection in Mexico. Some estimates place the number of affected around 150,000. Between 1996 and 1998, sexually transmitted infections (STIs) ranked among the top ten causes of morbidity, with an average of 350,000 cases annually. In 1997, the cervix-uterine cancer mortality rate was 20.9 per 100,000 for women over 25, and the breast cancer rate was 14.8.

9. Despite significant improvements in the overall social condition of Mexican women, important gaps persist in most aspects of social life, and are most severe among poor and marginalized groups. For example, although access to primary level education is almost universal, illiteracy affects 11.5 per cent of women over 15, compared to 7.5 per cent of men. Family violence is one of the most serious and common manifestations of gender inequality in Mexico. It affects families of all socioeconomic and cultural levels and is present in urban and rural environments alike. Since 1996, there has been considerable progress in this area in terms of political attention, public awareness and legal reforms, but much remains to be done.

Previous UNFPA assistance

10. UNFPA has provided assistance to Mexico since 1972. The third country programme (1997-2001) was approved in the amount of $15.5 million, of which $10.5 million was programmed from regular resources and the remaining $5 million from multi-bilateral sources. Due to financial constraints, actual expenditure totaled slightly less than $7 million in the end.

11. Based on national strategies of decentralization, poverty eradication, and focus on the country's neediest regions, the previous country programme focused on five of Mexico's poorest states: Chiapas, Guerrero, Hidalgo, Oaxaca and Puebla. Selected activities were also supported at the central level. Five multisectoral subprogrammes – known as state cooperation programmes (PECs) – were established, one for each priority state. The programme was guided by three main strategies: decentralized execution of the PECs, focusing support in the poorest municipalities of the above-mentioned states, and a thematic focus on reproductive health. The evaluation of the previous programme concluded that results were satisfactory and that the decentralized organization model (PEC) constituted an innovative experience in Mexico's planning. The model generated new work dynamics, fostering strong cooperation among governmental institutions, civil society organizations and other stakeholders.

12. An examination of lessons learned from the previous programme with regard to reproductive health revealed the strategic importance of developing demonstrative models of intervention based on a human rights approach. Given the programme's limited resources, this approach was found to be more cost-effective than the development of wider interventions designed to improve the quality or expand the accessibility of reproductive health services or education initiatives. Among the more successful interventions carried out in the previous programme were initiatives promoting gender equity and the adaptation of services to meet the

specific needs of indigenous populations and migrant women. In the area of population and development strategies, the elaboration of demographic inputs and geo-referenced information systems were important achievements. There were also considerable advances in the areas of decentralization, mainly relating to the institutional strengthening of state population councils, and education and sensitization. In the area of advocacy, the PECs were found to be important instruments for consensus building and mobilization. Mass media activities at the central and state levels helped strengthen public awareness of issues related to population, reproductive health and gender, but there is significant room for improvement in this area.

Other external assistance

13. Mexico receives very little external assistance for population-related activities. The Government of Japan furnishes multi-bilateral assistance through UNFPA for certain reproductive health activities. Multilateral organizations such as the World Bank provide resources to support projects directed to the provision and improvement of basic services in the most marginalized states and to the modernization of the Ministry of Health. Several projects, mainly those implemented by NGOs, receive assistance from private foundations or bilateral donors.

Proposed programme

14. The overall goal of the proposed programme is noted in paragraph 3 above. UNFPA assistance will address critical issues in the national population plan, especially in areas in which it can play a strategic role to overcome bottlenecks and to give heightened attention to emerging needs in order to mobilize additional resources. The proposed programme seeks to support the national population programme in promoting sustainable regional development, contributing to the improvement of reproductive health, the full exercise of sexual and reproductive rights, and advances in social and gender equity. The proposed programme would consist of two subprogrammes – sexual and reproductive rights and population and development strategies. It would also address three cross-cutting thematic areas of special importance: gender equity, advocacy, and South-South cooperation.

15. Assistance would be provided to governmental and non-governmental institutions at central and decentralized levels. Strategic inputs at the central level would foster the decentralization of plans and programmes though capacity building. The development of appropriate legal, normative and organizational frameworks would be promoted to improve and consolidate the capacities of state and local planning authorities. The proposed programme would support initiatives to increase efficiency and effectiveness in the use of national financial resources allocated to reproductive health. Particular attention would be given to securing adequate provision of reproductive health commodities through technical assistance in procurement, logistics and programme management at the decentralized level.

16. Approximately ten states would receive technical and limited financial assistance. These states would be selected on the basis of conducive institutional and political environments (such as willingness and ability to share the cost of projects, among other factors), level of marginalization and poverty indicators. UNFPA would provide assistance for the validation and institutionalization of intervention models. To foster sustainability and institutionalization, this would be done within a framework of formal inter-institutional agreements to be signed with relevant partners. Selected states would include the five states considered in the previous programme, providing they meet the above-mentioned requirements. Both subprogrammes would operate in selected states, with differing emphases depending on local needs. The states would have to show commitment to the execution of the state cooperation programmes by co-financing them and enhancing inter-institutional and intersectoral coordination for their implementation.

17. Sexual and reproductive rights. The subprogramme in the area of sexual and reproductive rights would seek to create favourable conditions for the full exercise of human rights, particularly sexual and reproductive rights, and the adoption of free, responsible and informed decisions on reproductive health. Special attention would be given to adolescents and women in poor and vulnerable groups. To maximize impact, models would be developed so they could be replicated and institutionalized once validated. The institutionalization of such models would be fostered by agreements established with institutions at both the central and state levels.

18. Due to the limited resources available for the proposed programme, technical assistance components would be strategic. UNFPA and CONAPO would provide assistance for the design, testing and validation of intervention models oriented to provide high-quality services to vulnerable groups. The subsequent institutionalization of the models would be fostered by agreements established with institutions at central and state levels before implementation. Models would be economically, culturally and socially accessible. They would also be innovative, assessing new institutional interventions and offering more efficient operational approaches for institutional decision-making.

19. The first output of the sexual and reproductive rights subprogramme would be innovative and accessible models for reproductive health service delivery to urban and rural populations living in poverty, validated and incorporated into institutional programmes. These models would contribute to: (a) promoting the participation of community and civil society organizations in the formulation, execution, monitoring and evaluation of reproductive health programmes; (b) ensuring full respect of sexual and reproductive rights by giving special attention to such components as confidentiality, user privacy and the technical capacities of service providers; (c) fostering male involvement in reproductive health self-care and mutual care; (d) promoting the training of health providers, with special emphasis on aspects related to the prevention, detection and treatment of domestic and gender-based violence, and the appropriate management of

respective national norms; (e) improving health providers' coordination with social and institutional networks dealing with domestic and gender-based violence; (f) increasing the access of indigenous populations to reproductive health services that take into account their ethnic and cultural diversity; (g) using distance learning courses and other innovative methodologies to strengthen the technical capacities of service providers with regard to gender equity, sexual and reproductive rights, and management of official norms and guidelines; and (h) fostering interdisciplinary interventions for the prevention of emerging reproductive health problems – such as HIV/AIDS, cervix-uterine and breast cancer – in vulnerable groups.

20. The second output would be innovative and accessible cost-effective models for reproductive health services management, validated and incorporated into institutional programmes and including a secure supply of commodities and operational logistics systems. These models would contribute to: (a) implementing reproductive health services with the best cost-benefit ratios to target the needs of selected populations; (b) reinforcing the management capacities of reproductive health personnel at national, state and local levels to ensure adequate supply of commodities and efficient delivery of services; and (c) strengthening inter-institutional and intersectoral coordination mechanisms for reproductive health programmes at federal, state and local levels.

21. The third output would be comprehensive education models on population- and reproductive health-related issues, validated and incorporated into institutional programmes at national and state levels. These models would be based on a comprehensive concept of population education, including the exercise of sexual and reproductive rights, social participation and sustainable development. Special efforts would be made to include these elements in the curricula of education and medicine schools. These models would contribute to: (a) strengthening individual capacities for self-care and for making responsible, informed decisions on reproductive health-related issues; (b) enhancing the full exercise of sexual and reproductive rights, equitable relations between women and men, and lifestyles free of violence and addiction; (c) overcoming social and cultural barriers that restrict reproductive health care and the exercise of human rights, especially sexual and reproductive rights; and (d) developing skills to enable vulnerable groups, women and adolescents to demand reproductive health services and to defend their human rights.

22. The fourth output would be information and communication models for population- and reproductive health-related issues, validated and incorporated into institutional programmes at national and state levels. These models would emphasize health promotion and sexual and reproductive rights and would be closely linked to their respective service delivery programmes. Information messages would contribute to the same four areas listed in the preceding paragraph.

23. The fifth output would be models for increasing the capacities of young people to make free, responsible and informed decisions about their sexuality and reproduction, validated and

ready for replication and institutionalization. These models would contribute to: (a) articulating reproductive health programmes focusing on human development, poverty reduction and gender equity promotion; (b) promoting full respect and exercise of human rights, particularly sexual and reproductive rights; (c) increasing access to sex education, information and counselling on reproductive health-related subjects; (d) facilitating access to quality reproductive health services that offer care on a non-discriminatory basis; (e) promoting participation by adolescents in programme planning and implementation; and (f) building up demand for information, education, counselling and service delivery in the area of reproductive health.

24. Population and development strategies. The purpose of the population and development strategies subprogramme is to help strengthen institutional capacities, mainly in priority states and municipalities, for designing and coordinating policies and programmes aimed at: (a) guiding internal migration towards areas with the best potential for sustainable development; (b) providing basic social services to scattered rural localities and other marginal areas; (c) advancing towards the creation of safe, legal and orderly migratory flows, reducing negative effects and enhancing the positive effects of migration; (d) providing for the needs of migrants and their families in an integrated manner; and (e) fully incorporating population objectives and variables into the planning processes of all sectors.

25. The first expected output of the population and development strategies subprogramme would be models and analytical tools aimed at strengthening the articulation of sectoral policies concerned with population distribution, validated and incorporated in programmes and strategies concerning social, regional and urban development, spatial organization and environmental matters. The model of service supply centres, developed in some states under the previous programme, would be adapted and replicated in other states, and analyses and evaluation of national and local programmes and strategies for poverty eradication, the environment, spatial organization and provision of basic services would be pursued. Such analyses would identify the necessary tools and inputs for the application of population distribution policies in local contexts. This would be carried out with the participation of relevant federal and local institutions responsible for demographic planning, social development, service provision and environmental protection.

26. The second expected output would be the formulation of international migration policies and strategies that examine the characteristics, causes and effects of migratory flows to the United States. Research in this area would identify areas of high international migration and provide greater knowledge of the socio-demographic characteristics of migrants and their families, of women's roles in migration, and of patterns regarding the potential individual and collective remittances from migrants for the invigoration of the family and community economy. The analysis would also focus on the advantages of linking migration modalities to the Government's social policies.

27. The third expected output would be models of institutional intervention to meet the specific needs of migrants and their families, with particular attention to sexual and reproductive health problems, designed and tested to support the policies and strategies related to internal and international migration. The design of these models would be based on multisectoral and inter-institutional analyses of the problems associated with internal and international migration, as well as the instruments and resources available for action. Advocacy activities aimed at decision-makers from the public, private and social sectors would be pursued as well, and active support from the media would be sought to focus attention on the problems and challenges of internal and international migration in the context of sustainable regional development.

28. The fourth expected output would be the development of socio-demographic inputs regarding Mexico's national population policy and the incorporation of these inputs into federal and state planning and resource allocation processes. Institutional capacities and resources for the generation and use of these inputs would be updated. Other strategic inputs, disaggregated to the greatest possible extent – for state, municipal and local levels and for specific population groups – would also be enhanced. The participation of institutions responsible for sectoral and intersectoral planning, as well as academic institutions and professional organizations, would be fostered. Planning and inter-institutional coordination mechanisms would be strengthened to provide inputs for planning and decision-making processes, and pilot initiatives and analytical models would be developed and disseminated with the participation of federal and state institutions.

29. The fifth expected output would be local demographic planning institutions with strengthened technical and operative capacity and consolidated institutional leadership. Support would be given to the design of functional organizational models and the revision of legal frameworks concerning population matters at the national, state and municipal levels. Knowledge and understanding of demographic phenomena and their interrelations with development would be strengthened through training aimed at technical personnel and officials in decision-making positions. The optimal use of distance training systems and other forms of modern pedagogic communication would be promoted. Permanent mechanisms for the exchange of experiences and cooperation between states would be established, and the active participation of municipalities would be promoted through different institutional mechanisms.

Programme implementation, coordination, monitoring and evaluation

30. The proposed programme would be executed and implemented by the Government. Country programme coordination at the national level would be conducted by CONAPO, in collaboration with the Mexican International Cooperation Institute of the Ministry of Foreign Affairs (IMEXCI/SRE) and the UNFPA country office. Cooperation agreements with state governments, CONAPO, IMEXCI/SRE and UNFPA would be signed in all states selected for decentralized programme implementation. At this level, programme implementation would be

performed within the framework of state cooperation programmes. The execution frameworks would promote cost-sharing patterns to strengthen commitments and raise additional funds among the state governments for complementary actions. Programme coordination at the state level would be under the state population councils or their general directorates. They would formulate the state cooperation programmes, specifying the mechanisms to be utilized for the harmonization of activities implemented by different agents.

31. Greater coordination with other United Nations agencies would be emphasized. Current United Nations inter-agency initiatives and additional bilateral or multilateral contacts in the cooperation field would be sought to facilitate the implementation of this country programme. The active participation of UNFPA in UNAIDS, as well in the CCA and UNDAF exercises, is essential.

32. The IMEXCI/SRE, CONAPO and the UNFPA country office would establish an annual monitoring and evaluation plan based on indicators jointly agreed upon at the beginning of the country programme. At least three monitoring visits per year would be held in each of the selected states, with the full involvement of CONAPO and UNFPA officials. Local monitoring would be completed by inter-institutional monitoring groups composed of representatives of all participating institutions and organizations at the state level. Through quarterly monitoring missions and half-yearly advance analysis meetings, the monitoring groups would oversee implementation. In addition, CONAPO, the UNFPA country office and IMEXCI/SRE would organize surveillance missions to the states at least twice a year and would participate in the annual advance analysis meeting. The midterm review would be carried out in 2004. Results of the midterm review would indicate which state programmes would receive further support.

33. At the national level, CONAPO, IMEXCI/SRE and the UNFPA country office would coordinate evaluation on the basis of selected country programme indicators. During the execution of the country programme, advisers from the Country Technical Services Team (CST) in Mexico City and national experts on population, gender, advocacy and sexual and reproductive health would provide technical support. Periodic meetings would be held on South-South cooperation between different executing agencies.

34. The UNFPA country office is composed of a Representative, an Assistant Representative, a National Programme Officer, a programme assistant, an administrative and finance assistant and support staff. One national professional project personnel would support programme implementation to ensure adequate execution and proper technical exchange with national counterparts. Funds in the amount of $500,000 from UNFPA regular resources would be assigned for the support, monitoring and evaluation of the country programme.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Mexico as presented above, in the amount of $12 million for the period 2002-2006, of which $5 million would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $7 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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